

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**10666**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Clay Registration District No. 251  
 (b) Township Liberty Primary Registration District No. 550 3d/2-  
 (c) City Liberty (d) Street No. 203 McCarthy St Registered No. 24  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 5 yrs. 10 mos. - 20 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 203 McCarthy St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Dallie B. Monroe  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25-1853  
 7. AGE YEARS 84 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Insurance Agent  
 10. Date deceased last worked at this occupation (month and year) 2 years ago 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Mo

FATHER 13. NAME Thomas Monroe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Martinez

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. D. A. Sharp  
Liberty, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo DATE 3/4/1940

19. FUNERAL DIRECTOR (ADDRESS) Church-Crider Co  
Liberty, Mo

20. FILED Apr 9 1940 W H Shepherd  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2-40

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Mar 2, 1940  
 I last saw him alive on March 8, 1940 Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Senility Date of onset Indy

Other contributory causes of importance:

Pyelitis 2 mo.

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed).....  
 (Address).....

STATEMENT BY LICENSED EMBALMER

I, Edgar Archer, Licensed Embalmer No. 3311  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edgar Archer  
L. E. 3311  
No. 3311 or by \_\_\_\_\_  
working under my personal supervision.  
Signed Edgar Archer  
Registered Apprentice No. \_\_\_\_\_  
Licensed Embalmer No. 3311

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)